

MEMORANDUM

TO: Tom Evslin, Chief Recovery Officer

FROM: Hunt Blair, Deputy Director for Health Care Reform

DATE: August 11, 2009

RE: Benefits to State ARRA Related Health Care Initiatives from Broadband Infrastructure Investment

The Broadband Infrastructure Application guidance asks two important questions about the relationship between Vermont's broadband infrastructure initiatives and our health care reform (HCR), health information technology (HIT) and health information exchange (HIE) initiatives. These are:

11. BTOP Enhanced Services for Health Care Delivery, Education and Children:

Describe the depth and breadth of the project's ability to enhance broadband service for health care delivery...as contemplated in the Recovery Act. Demonstrate how this project goes beyond providing broadband access to include more robust health care.

42. Recovery Act and Other Governmental Collaboration.

Describe how your project will leverage Recovery Act or other state or federal development programs...; identify the programs themselves and the dollar value of those programs. In addition, specify how collaboration can lead to project efficiencies.

Below, I have provided a framework describing HCR and broadband opportunities to respond to those two questions.

The Role of Broadband in Vermont Health Care Reform

For the last three years, Vermont has led the nation with its *systemic* health care reform. At the same time that Vermont's coverage reforms have reduced the uninsured population from 9.8% in 2005 to 7.6% in 2008, the state has implemented a balanced set of delivery system and IT reforms to ensure that those coverage improvements can be sustained.

Vermont's health reform vision includes a plan for ubiquitous health information exchange (HIE) across the full continuum of health care providers. With passage of ARRA and the HITECH Act, Vermont is poised to dramatically accelerate the pace, scope and scale of its health care IT (HIT) infrastructure connectivity. Enhanced broadband services across the state will provide a critical linchpin for this expansion, which starts with the interconnection of all of the state's hospitals and medical practices but extends to include all the health care providers across the state and – with broadband connectivity to all of Vermont's rural homes – will enable telemedicine capacity for home health monitoring and services statewide.

Exchange of health information includes low-bandwidth data files such as those used to transmit health records between EHR systems and other 1:1 clinical messaging applications, but it also includes very

large digital image files and “batch” updates and transfers of large EHR files and other public health records that can require substantial bandwidth. Having broadband connectivity to all health care providers will ensure that Vermont can take maximum advantage of HIT and HIE capacities in a system that supports and reinforces provision of the right information to support the right care for the right person at the right time, improving quality and reducing duplicative expense based on “unavailable” data.

The HITECH Act definition of the term “health care provider” in Sec. 3000 includes a broad scope of providers that is fully consistent with Vermont’s vision for integrating all providers in statewide HIE. The definition includes: “a hospital, skilled nursing facility, nursing facility, home health entity or other long term care facility, health care clinic, community mental health center, renal dialysis facility, blood center, ambulatory surgical center, emergency medical services provider, Federally qualified health center, group practice, a pharmacist, a pharmacy, a laboratory, a physician, a practitioner, a rural health clinic, a covered entity under section 340B, a therapist, and any other category of health care facility, entity, practitioner, or clinician determined appropriate by the Secretary.” Vermont’s state HIT-HIE master plan includes full two-way connectivity between each of these entities in the state.

The state’s Office of Health Access and Health Care Reform is updating the State HIT Plan to include strategies for leveraging disparate HHS, ARRA, and health reform resources that can be brought together in Vermont to implement a unified, operational framework. Broadband infrastructure development is an absolutely essential component. Full health care system integration in Vermont means integrated care delivery with HIT connectivity and interoperable HIE systems (and telemedicine) via statewide broadband to:

17	VT Hospitals	1 Tertiary Academic Medical Center, 8 CAH, 5 Community Hospitals, 1 VA Medical Center, 1 Private Psychiatric Hospital & the State Hospital
	plus Regional Hospitals	adjacent NH, MA, NY Tertiary Hospitals, and access beyond via New England Telehealth Consortium
8	FQHC Grantees	operating a total of 42 primary care, dental, and mental health service sites
14	Rural Health Clinics	9 Family Practice and 3 Pediatric
222	Primary Care Practices	other GP, FP, OB/GYN and internal medicine practices
3,498	Physicians	with active Vermont licensure
503	Dentists	with active Vermont licensure
16	Community Mental Health Centers	and Developmental Disabilities Agencies operating over 50 sites
2,412	MH/BH/SA Counselors	licensed private mental health/behavioral health/substance abuse counselors; clinical social workers, psychologists and other professionals
14	Home Health & Hospice Agencies	serving Vermonters at home, in public housing, and group home settings
250+	Long Term Care and Public Housing sites	including Nursing Homes, Residential Care Homes and Assisted Living Facilities, Adult Day, Meals on Wheels, and Congregate Living sites.
9	Dept. of Corrections sites	to be linked via a common EHR and MHISSION-VT infrastructure
12	District Health Dept. and Agency of Human Services Offices	including participation of local Public Health staff, social & human services staff, as well as Agency and Department Central Offices

The Office of the National Coordinator (ONC) is the federal entity designated in ARRA as the lead for HIT-HIE investment and grant funding. As of early August, ONC and CMS have not yet released specific guidance on funding for HIE and HIT grant programs, but we do know that both ONC (through its Section 3013 grants to states and state-designated entities) and CMS (through its Section 4201 Medicaid provider HIT adoption and operations payments; implementation funding) will be providing funds to states to support HIE infrastructure development that will complement the broadband infrastructure development.

In particular, broadband infrastructure projects which support the development of very high-capacity broadband links between health care provider locations interconnected with other broadband networks in Vermont, which provide the ability to provide managed services across multiple broadband service providers in the state, will enhance the achievement of state's vision. Through the coordination of activities I have described here, broadband service providers can participate not only in expanding broadband access to health care facilities in the state, but the improvement of health care services in Vermont.